

# 3618

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0661-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

09/801,536

Filing Date

03/08/2001

First Named Inventor

Straton

Group Art Unit

3618

Examiner Name

Mar

Total Number of Pages in This Submission

47

Attorney Docket Number

CSI001

## ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
- ☒ Fee Attached
- ☒ Amendment / Reply
  - ☐ After Final
  - ☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment Papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) \_\_\_\_\_

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☐ Other Enclosure(s) (please identify below):

Remarks

post card  
payment by check**RECEIVED**  
DEC 12 2002**GROUP 3600**

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual name

Tope-McKay &amp; Associates

Signature

Date

11/30/2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

11/30/2002

Typed or printed name

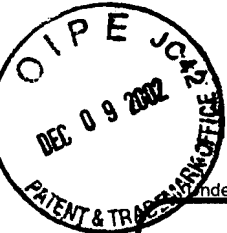
Cary Tope-McKay

Signature

Date

11/30/2002

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 200.00

## Complete if Known

Application Number	09/801,536
Filing Date	10/18/1999
First Named Inventor	Straton
Examiner Name	Mar
Group Art Unit	
Attorney Docket No.	CSI001

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GROUP 3600

## METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
NumberDeposit  
Account  
Name☐ Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17☒ Applicant claims small entity status.  
See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money  
Order ☐ Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
-------------	-------------	-------------	-------------	-----------------

101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

Fee Paid

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES

Extra Claims

Fee from  
below

Fee Paid

Total Claims		-20** =		X		=	
Independent Claims		-3** =		X		=	
Multiple Dependent						=	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)
-------------	-------------	-------------	-------------

Fee Description

103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	200.00
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 200.00

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Cary Tope-McKay

Registration No.  
(Attorney/Agent)

41,350

Telephone

310.589.8158

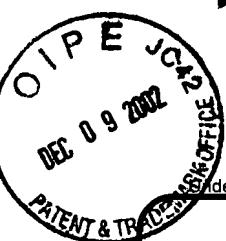
Signature

Date

11/30/2002

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☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

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SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES

Total Claims  Extra Claims -20\*\* =  X  =   
Independent Claims -3\*\* =  X  =   
Multiple Dependent  =

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
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Other fee (specify) \_\_\_\_\_

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SUBTOTAL (3) (\$) 200.00

GROUP 3600

## SUBMITTED BY

Name (Print/Type) Cary Tope-McKay

Registration No. 41,350  
(Attorney/Agent)

## Complete (if applicable)

Telephone 310.589.8158

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